

EXHIBIT A

Lincoln Family Dental

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**Treatment Financing Plan**

Patient Name: <u>Rosetta Jaisingh</u>	DOB: <u>[REDACTED]</u>
Address:	State:
Zip:	Phone: <u>(347) 479-3119</u>

Procedure Description	Clinical Benefit	Treatment Fee
#8 RCT/Zinc Crown	Restore tooth	\$4500

Payment Type AllegroPayment Amount \$4500Treatment Coordinator ShekiaManager's Signature [Signature]

WHAT ARE YOU AGREEING TO? The dental treatment plan listed above is not covered by my insurance plan, or the doctor I am seeing is not participating with my insurance plan and the treatment I will receive will be on a non-covered out-of-network. The treatment plan is presented as a package plan and for dental treatment at a discounted rate. A package plan is the combination of at least two different types of dental treatment to be completed within the agreed upon terms, and is subject to change when deemed necessary by the doctor.

I understand that should I choose not to move forward with the package plan presented, procedures will be charged under Lincoln Family Dental's usual and customary rates and will no longer be eligible for a discounted rate.

I understand that I will not be reimbursed for treatment by my insurance company as these services are likely not covered, and that I am requesting emergency and/or same day dentistry, even though I have not yet received a formal predetermination estimate from my insurance.

I understand that if I partially complete treatment, I will be responsible for any costs associated with the treatment that I have completed such as dental lab bills, materials and doctor's time.

I understand that for Lending Club and Lending Point, the approval for financing usually depends on my credit history. This will be in the form of a soft credit check.

I understand that for Care Credit it involves the sign up of a special credit card that can be used for my dental expenses. Care Credit often offers promotions that allow me to pay for my care over 24 months without any interest charges. Approval through Care Credit requires a hard credit inquiry, which may have a temporary impact on my credit score.

I understand that Care Credit offers financing plans with no interest for up to 24 months. If I require longer-term financing, options are available for up to 60 months, but there will be interest charges applied based on my credit score and loan amount.

I understand that once I am approved, I will need to sign the loan terms. It will be my responsibility to set up a repayment plan with the finance company and provide my bank account information. Lending Point requires bank or debit card information up front.

I understand that no-interest financing is deferred. This means that if I miss a repayment, I will be charged full interest on the entire loan. It is my responsibility to pay to avoid any unexpected charges.

I understand that I am applying and agreeing to take out finance to undertake the treatment and that they have provided me with the information to ensure that I understand the requirements and obligations related to taking out finance for my treatment.

☒ I understand and agree with all the statements above. I am confirming this understanding by signing below.

Patient Name Rosetta JaisinghPatient Signature [Signature]Date: 10.08.23

Witnessed by:

Office Manager Name Kiomara A.Office Manager Signature: [Signature]Date: 8/10/23Dentist Name: Ross TillyDentist Signature: [Signature]Date: 8/10/23